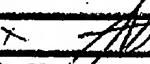
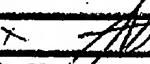
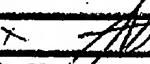


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Approved for use through January 2014. Previous editions are invalid. U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE For a complete listing of trademarks and service marks registered in the U.S. Patent and Trademark Office, go to tmsearch.uspto.gov .																																															
		Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	10700-178 11/02/2008 Kipod Cancer Research 3733 Kipod J. Kipod 10700-178																																														
<p>I hereby revoke all previous revocation of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is certified herewith.</p> <p>OR</p> <p><input type="checkbox"/> I hereby appoint the practitioner associated with the Customer Number: </p> <p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> The address associated with Customer Number: </p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> Firm or Individual Name</td> <td colspan="5">Peter & Peter, P.C.</td> </tr> <tr> <td>Address</td> <td colspan="5">100 Tenth Avenue Newark NJ 07105</td> </tr> <tr> <td>City</td> <td>Orange</td> <td>State</td> <td>N.J.</td> <td>Zip</td> <td>07051</td> </tr> <tr> <td>Country</td> <td colspan="5">United States</td> </tr> <tr> <td>Telephone</td> <td colspan="2">973-282-8200</td> <td>E-mail</td> <td colspan="2">jmc@peterpc.com</td> </tr> </table> <p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire invention. See 37 CFR 3.71. Assignment under 37 CFR 3.73(d) is enclosed (Form PTO/SB/90)</p> <p style="text-align: center;">SIGNATURE of Applicant or Assignee of Record</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Signature</td> <td colspan="3"></td> </tr> <tr> <td>Name</td> <td colspan="3">Peter & Peter, P.C.</td> </tr> <tr> <td>Date</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Telephone</td> </tr> </table> <p>NOTE: Signatures of both inventors or assignees of record of the entire invention or their representatives are required. Please complete both if more than one inventor or assignee.</p> <p><input type="checkbox"/> Title of _____ from one inventor.</p>				<input checked="" type="checkbox"/> Firm or Individual Name	Peter & Peter, P.C.					Address	100 Tenth Avenue Newark NJ 07105					City	Orange	State	N.J.	Zip	07051	Country	United States					Telephone	973-282-8200		E-mail	jmc@peterpc.com		Signature				Name	Peter & Peter, P.C.			Date						Telephone	
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NOTE: The names of the members or employees of most of the state boards of health (supervisors) are reported. In a few cases, local health officers are also listed.

THE STATE OF South Carolina

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